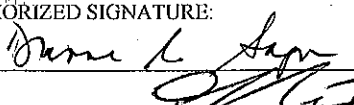


STATE OF NORTH CAROLINA	REQUEST FOR PROPOSAL NO. 30-DHHS-1228-08
Department of Health and Human Services	Proposal Due Date and Time: 2:00 p.m. ET, May 30, 2008
DHHS Office of Procurement and Contracts	Contract Type: Agency Specific
Refer ALL Inquiries to: Susan Lewis Telephone No. 919-855-4086	Date Issued: May 2, 2008. Commodity: 920-Data Processing Services and Software North Carolina Replacement Medicaid Management Information System
E-Mail: Susan.Lewis@ncmail.net	Using Agency Name: Department of Health and Human Services
(See page 2 for delivery instructions.)	Agency Requisition No. N/A

OFFER AND ACCEPTANCE: This solicitation advertises the State's needs for the services and/or goods described herein. The State seeks proposals comprising competitive bids offering to sell the services and/or goods described in this solicitation. All proposals and responses received shall be treated as offers to contract. The State's acceptance of any proposal must be demonstrated by execution of the acceptance found below, and any subsequent Request for Best and Final Offer, if issued. Acceptance shall create a contract having the order of precedence among terms set forth in Section 30.3 of this RFP.

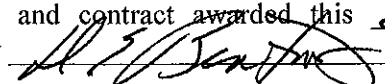
EXECUTION: In compliance with this request for Best and Final Offer (BAFO), and subject to all the conditions herein, the undersigned offers and agrees to furnish any or all services or goods upon which prices are bid, at the price(s) offered herein, within the time specified herein. By executing this bid, I certify that this bid is submitted competitively and without collusion.

VENDOR: Computer Science Corporation		FEDERAL ID OR SOCIAL SECURITY NO. 95-2043126	
STREET ADDRESS: 3170 Fairview Park Dr.		P.O. BOX:	ZIP: 22042
CITY & STATE & ZIP: Falls Church, VA 22042		TELEPHONE NUMBER: 301-921-3256	TOLL FREE TEL. NO.
Will any work under this contract be performed outside the United States? Where will services be performed:		YES _____ NO <u>X</u>	
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING: Dianne R. Sagner		FAX NUMBER: 301-921-9870	
AUTHORIZED SIGNATURE: 	DATE: 5/23/08	E-MAIL: dsagner@csc.com	

Offer valid for three hundred and thirty (330) days from date of bid opening unless otherwise stated here: _____ days.

ACCEPTANCE OF BID: If any or all parts of this bid are accepted, an authorized representative of NC DHHS shall affix their signature hereto and this document and the provisions of the special terms and conditions specific to this Request for Proposal, the specifications, and the ITS Terms and Conditions shall then constitute the written agreement between the parties. A copy of this acceptance will be forwarded to the successful Vendor(s).

OR NC DHHS USE ONLY

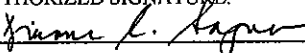
Offer accepted and contract awarded this 22 day of December, 2008, as indicated on attached certification, by  (Authorized representative of NC DHHS).

STATE OF NORTH CAROLINA Department of Health and Human Services DHHS Office of Procurement and Contracts	REQUEST FOR PROPOSAL NO. 30-DHHS-1228-08-R Technical Proposal Supplement Due Date and Time: 2:00 p.m. ET, August 4, 2008 Contract Type: Agency Specific
Refer ALL Inquiries to: Susan Lewis Telephone No. 919-855-4086	Date RFP Issued: July 7, 2008 Commodity: 920-Data Processing Services and Software North Carolina Replacement Medicaid Management Information System
E-Mail: Susan.Lewis@ncmail.net	Using Agency Name: Department of Health and Human Services
(See page 2 for delivery instructions.)	Agency Requisition No. N/A

OFFER AND ACCEPTANCE: This solicitation advertises the State's needs for the services and/or goods described herein. The State seeks Technical Proposal Supplements comprising competitive bids offering to sell the services and/or goods described in this solicitation. All Technical Proposal Supplements and responses received shall be treated as offers to contract. The State's acceptance of any Technical Proposal Supplement must be demonstrated by execution of the acceptance found below, and any subsequent Request for Best and Final Offer, if issued. Acceptance of the Offeror's Technical Proposal Supplement, together with acceptance of the Proposal, shall create a contract having the order of precedence among terms set forth in Section 30.3 of this RFP.

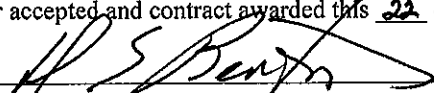
EXECUTION: In compliance with this Request for Proposal, and subject to all the conditions herein, the undersigned offers and agrees to furnish any or all services or goods upon which prices are bid, at the price(s) offered herein, within the time specified herein. By executing this bid, I certify that this bid is submitted competitively and without collusion.


Failure to execute/sign bid prior to submittal shall render bid invalid.

VENDOR: Computer Sciences Corporation		FEDERAL ID OR SOCIAL SECURITY NO. 95-2043126	
STREET ADDRESS: 15245 Shady Grove Road, Suite 200		P.O. BOX:	ZIP:
CITY & STATE & ZIP: Rockville, MD 20850		TELEPHONE NUMBER: (301) 921-3256	TOLL FREE TEL. NO
Will any work under this contract be performed outside the United States? Where will services be performed: North Carolina		YES _____ NO <u> X </u>	
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING: Dianne R. Sagner		FAX NUMBER: (301) 921-9870	
AUTHORIZED SIGNATURE: 	DATE: 07/30/08	E-MAIL: dsagner@csc.com	

Offer valid for three hundred and thirty (330) days from date of bid opening unless otherwise stated here: _____ days.

ACCEPTANCE OF BID: If any or all parts of this bid are accepted, an authorized representative of NC DHHS shall affix his or her signature hereto and the documents identified in Section 30.3 of this RFP as comprising the Contract shall then constitute the written agreement between the parties. A copy of this acceptance will be forwarded to the successful Vendor(s).

FOR NC DHHS USE ONLY	
Offer accepted and contract awarded this <u>22</u> day of <u>December</u> , 20 <u>08</u> , as indicated on attached certification, by  (Authorized representative of NC DHHS).	

CSC confirms that it has read, understands and agrees to all the provisions of the RFP without qualification, including the addenda. 

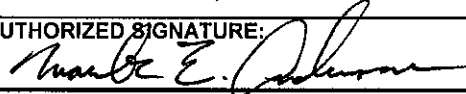
STATE OF NORTH CAROLINA Department of Health & Human Services Office of Procurement & Contract Services	REQUEST FOR COST PROPOSAL RFP 30-DHHS-1228-08-R	
	Offers will be received until: 2:00 PM ET, September 23, 2008	
	Contract Type: Agency Specific	
Refer <u>ALL</u> Inquiries to: Susan W. Lewis Telephone No. (919) 855-4086 E-Mail: Susan.Lewis@ncmail.net	Issue Date: August 18, 2008 Commodity: 920-Data Processing Services and Software North Carolina Replacement Medicaid Management Information System Using Agency Name: NC DHHS	
(See page 2 for mailing instructions.)	Agency Requisition No. N/A	

NOTICE TO VENDOR Offers for furnishing and delivering the services as described in the RFP, subject to the conditions made a part hereof, will be received at this office, located at 801 Ruggles Drive, Raleigh, NC, until **2:00 pm** Eastern Daylight Savings Time on the day of opening and then opened. Refer to page 2 for proper mailing instructions. Proposal submission will not be accepted by electronic means.

EXECUTION

In compliance with this Request for Cost Proposal and subject to all the conditions herein, the undersigned offers and agrees to furnish and deliver any or all services which are offered, at the prices agreed upon and within the time specified in the Offeror's Technical Proposal. Pursuant to GS § 147-33.100 and under penalty of perjury, the undersigned Vendor certifies that this offer has not been arrived at collusively or otherwise in violation of Federal or North Carolina law and this offer is made without prior understanding, agreement, or connection with any firm, corporation, or person submitting an offer for the same services, and is in all respects fair and without collusion or fraud.


Failure to execute/sign the Cost offer prior to submittal shall render Cost Proposal invalid. Late offers are not acceptable.

VENDOR: Computer Sciences Corporation		FEDERAL ID OR SOCIAL SECURITY NO. 95-2043126	
STREET ADDRESS: 3160 Fairview Park Drive		P.O. BOX:	ZIP:
CITY & STATE & ZIP: Falls Church, VA 22042		TELEPHONE NUMBER: (703) 876-1154	TOLL FREE TEL. NO:
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING: Mark E. Anderson, Director of Contracts		FAX NUMBER: (703) 876-1251	
AUTHORIZED SIGNATURE: 	DATE: 9-23-08	E-MAIL: manderson2@csc.com	

The offer shall remain valid for so long as the Technical Proposal, as amended, remains valid.

ACCEPTANCE OF COST OFFER

If the State accepts any or all parts of this offer, an authorized representative of NC DHHS shall affix her/his signature to the Vendor's response to this Request for Cost Proposal. The acceptance shall include the response to this Request for Cost Proposal, and any provisions and requirements of the RFP which have not been superseded by this Request for Cost Proposal. These documents shall then constitute the written agreement between the parties. A copy of this acceptance will be forwarded to the successful Vendor(s).

<u>FOR DHHS USE ONLY</u>	
Offer accepted and contract awarded this <u>22</u> day of <u>December</u> , 200 <u>8</u> as indicated on attached certification,	
by 	(Authorized representative of DHHS).

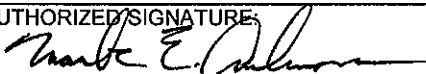
STATE OF NORTH CAROLINA Department of Health and Human Services Office of Procurement and Contract Services	REQUEST FOR BEST AND FINAL OFFER (BAFO) RFP 30-DHHS-1228-08-R Offers will be received until: October 27, 2008 Contract Type: Agency Specific	
Refer <u>ALL</u> Inquiries to Susan W. Lewis Telephone No. (919) 855-4086	Issue Date: October 13, 2008 Commodity: 920-Data Processing Services and Software	
E-Mail: Susan.Lewis@ncmail.net	Using Agency Name: NC DHHS	
(See page 2 for mailing instructions.)	Agency Requisition No. N/A	

NOTICE TO VENDOR Offers, subject to the conditions made a part hereof, will be received at this office, located at 801 Ruggles Drive, Raleigh, NC, until 2:00 p.m. Eastern Time on the day of opening and then opened, for furnishing and delivering the goods and services as described herein. Refer to page 2 for proper mailing instructions. Proposal Submission will not be accepted by electronic means.

EXECUTION

In compliance with this Request for Best and Final Offers (BAFO), and subject to all the conditions herein, the undersigned offers and agrees to furnish and deliver any or all goods and services which are offered, at the prices agreed upon and within the time specified herein. Pursuant to GS § 147-33.100 and under penalty of perjury, the undersigned Vendor certifies that this offer has not been arrived at collusively or otherwise in violation of Federal or North Carolina law and this offer is made without prior understanding, agreement, or connection with any firm, corporation, or person submitting an offer for the same commodity, and is in all respects fair and without collusion or fraud.

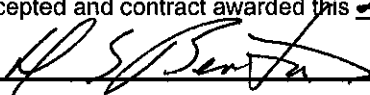
Failure to execute/sign offer prior to submittal shall render proposal invalid. Late offers are not acceptable.

VENDOR: Computer Sciences Corporation		FEDERAL ID OR SOCIAL SECURITY NO. 95-2043126	
STREET ADDRESS: 15245 Shady Grove Road		P.O. BOX:	ZIP: 20850
CITY & STATE & ZIP: Rockville, MD 20850		TELEPHONE NUMBER: (703) 876-1154	TOLL FREE TEL. NO:
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING: Mark E. Anderson		FAX NUMBER: (703) 876-1251	
AUTHORIZED SIGNATURE: 	DATE: 10/27/08	E-MAIL: manderson2@csc.com	

The offer shall remain valid for so long as the Technical Proposal, as amended, remains valid.

ACCEPTANCE OF BEST AND FINAL OFFER

If the State accepts any or all parts of this offer, an authorized representative of NC DHHS shall affix her/his signature to the Vendor's response to this Request for BAFO. The acceptance shall include the response to this BAFO, and any provisions and requirements of the RFP which have not been superseded by this BAFO. These documents shall then constitute the written agreement between the parties. A copy of this acceptance will be forwarded to the successful Vendor(s).

<u>FOR DHHS USE ONLY</u>	
Offer accepted and contract awarded this <u>22</u> day of <u>December</u> , 200 <u>8</u> , as indicated on attached certification, by  (Authorized representative of NC DHHS).	